

Food Establishment Inspection Report

| | | | | | |
|--|----------------------------|---|---|--------------------|------------|
| Local Health Department Name and Address Woodford County Health Department 1831 S. Main Street, Eureka, IL 61530 | | No. of Risk Factor/Intervention Violations | 1 | Date | 08/21/2018 |
| | | No. of Repeat Risk Factor/Intervention Violations | | 0 | Time In |
| Establishment Michael's Italian Feast | License/Permit # 18 009 | Permit Holder Michael's Italian Feast LLC | | Risk Category I | |
| Street Address 605-607 Upper Ten Mile Creek Road | | Purpose of Inspection Routine Inspection | | | |
| City/State Germantown Hills, IL | ZIP Code 61548 | | | | |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item
IN=in compliance **OUT**=not in compliance **N/O**=not observed **N/A**=not applicable
 Mark "X" in appropriate box for COS and/or R
COS=corrected on-site during inspection **R**=repeat violation

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

| Compliance Status | | COS | R | Compliance Status | | COS | R |
|---|-----|-----|---|--|-----|-----|---|
| Supervision | | | | Protection from Contamination | | | |
| 1 | In | | | 15 | In | | |
| Person in charge present, demonstrates knowledge, and performs duties | | | | Food separated and protected | | | |
| 2 | In | | | 16 | In | | |
| Certified Food Protection Manager (CFPM) | | | | Food-contact surfaces; cleaned and sanitized | | | |
| Employee Health | | | | Time/Temperature Control for Safety | | | |
| 3 | In | | | 17 | In | | |
| Management, food employee and conditional employee; knowledge, responsibilities and reporting | | | | Proper disposition of returned, previously served, reconditioned and unsafe food | | | |
| 4 | In | | | 18 | In | | |
| Proper use of restriction and exclusion | | | | Proper cooking time and temperatures | | | |
| 5 | In | | | 19 | In | | |
| Procedures for responding to vomiting and diarrheal events | | | | Proper reheating procedures for hot holding | | | |
| Good Hygienic Practices | | | | Consumer Advisory | | | |
| 6 | In | | | 20 | In | | |
| Proper eating, tasting, drinking, or tobacco use | | | | Proper cooling time and temperature | | | |
| 7 | In | | | 21 | In | | |
| No discharge from eyes, nose, and mouth | | | | Proper hot holding temperatures | | | |
| Preventing Contamination by Hands | | | | Highly Susceptible Populations | | | |
| 8 | In | | | 22 | In | | |
| Hands clean and properly washed | | | | Proper cold holding temperatures | | | |
| 9 | In | | | 23 | In | | |
| No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed | | | | Proper date marking and disposition | | | |
| 10 | Out | | X | 24 | N/A | | |
| Adequate handwashing sinks properly supplied and accessible | | | | Time as a Public Health Control; procedures & records | | | |
| Approved Source | | | | Food/Color Additives and Toxic Substances | | | |
| 11 | In | | | 25 | N/A | | |
| Food obtained from approved source | | | | Consumer advisory provided for raw/undercooked food | | | |
| 12 | N/O | | | 26 | N/A | | |
| Food received at proper temperature | | | | Pasteurized foods used; prohibited foods not offered | | | |
| 13 | In | | | Conformance with Approved Procedures | | | |
| Food in good condition, safe, and unadulterated | | | | 27 | In | | |
| 14 | N/A | | | Food additives: approved and properly used | | | |
| Required records available: shellstock tags, parasite destruction | | | | 28 | In | | |
| | | | | Toxic substances properly identified, stored, and used | | | |
| | | | | 29 | N/A | | |
| | | | | Compliance with variance/specialized process/HACCP | | | |

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.
 Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R **COS**=corrected on-site during inspection **R**=repeat violation

| Compliance Status | | COS | R | Compliance Status | | COS | R |
|---|---|-----|---|---|----|-----|---|
| Safe Food and Water | | | | Proper Use of Utensils | | | |
| 30 | | | | 43 | In | | |
| Pasteurized eggs used where required | | | | In-use utensils: properly stored | | | |
| 31 | | | | 44 | | | |
| Water and ice from approved source | | | | Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 32 | | | | 45 | | | |
| Variance obtained for specialized processing methods | | | | Single-use/single-service articles: properly stored and used | | | |
| Food Temperature Control | | | | Utensils, Equipment and Vending | | | |
| 33 | | | | 46 | | | |
| Proper cooling methods used; adequate equipment for temperature control | | | | Gloves used properly | | | |
| 34 | | | | Physical Facilities | | | |
| Plant food properly cooked for hot holding | | | | 50 | | | |
| 35 | | | | Hot and cold water available; adequate pressure | | | |
| Approved thawing methods used | | | | 51 | | | |
| 36 | | | | Plumbing installed; proper backflow devices | | | |
| Thermometers provided & accurate | | | | 52 | | | |
| | | | | Sewage and waste water properly disposed | | | |
| Food Identification | | | | Employee Training | | | |
| 37 | X | | X | 53 | | | |
| Food properly labeled; original container | | | | Toilet facilities: properly constructed, supplied, & cleaned | | | |
| Prevention of Food Contamination | | | | 54 | | | |
| 38 | X | | | Garbage & refuse properly disposed; facilities maintained | | | |
| Insects, rodents, and animals not present | | | | 55 | | | |
| 39 | | | | Physical facilities installed, maintained, and clean | | | |
| Contamination prevented during food preparation, storage and display | | | | 56 | | | |
| 40 | | | | Adequate ventilation and lighting; designated areas used | | | |
| Personal cleanliness | | | | Employee Training | | | |
| 41 | | | | 57 | | | |
| Wiping cloths: properly used and stored | | | | All food employees have food handler training | | | |
| 42 | | | | 58 | | | |
| Washing fruits and vegetables | | | | Allergen training as required | | | |

Food Establishment Inspection Report

Establishment: Michael's Italian Feast

Establishment #: 18 009

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: Chlorine

PPM: 100

Heat: N/A

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---------------------------------|------|-----------------------------|------|--------------------|------|
| Au jus/steam unit | 168 | Peeled hard-boiled eggs/RIC | 40 | Sausage/pizza prep | 39 |
| Meatballs/steam unit | 163 | Sliced ham/RIC | 41 | | |
| Meat spaghetti sauce/steam unit | 148 | Roast beef/RIC | 41 | | |
| | | Turkey/RIC | 40 | | |
| | | Sliced cheese/RIC | 40 | | |
| | | Cut lettuce/RIC | 41 | | |
| | | Milk/RIC | 40 | | |
| | | Shredded cheese/pizza prep | 40 | | |
| | | Sliced ham/pizza prep | 38 | | |

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below. |
|-------------|---|
| 10 | 6-301.14 (C) Observed at Frozen Spoon food prep area handwashing sink sign or poster that notifies food employees to wash their hands not provided. Handwashing sign provided during inspection. |
| 37 | 3-302.12 (C) Observed on food prep counter above RIF clear plastic container of dry green food substance without name identifying contents on container. Dry green food substance was parsley, according to male person-in-charge, and labeled by person-in-charge during inspection. |
| 38 | 6-202.15 (C) Observed main front door (west) to establishment not properly tight-fitting along bottom door jamb; exterior WIC door not properly tight-fitting along corner of bottom door jamb. Please correct this violation within 90 days or at least by next routine inspection. |
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CFPM Verification (name, expiration date, ID#): Kevin Millard

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|--|---|--|--|
| Kevin Millard 20959965 - NRFSP Exp. 3/2019 | Cathy Scheirer 21441109 - NRFSP Exp. 3/2023 | Jewelle McCray-Lane 21441095 - NRFSP Exp/ 3/2023 | |
|--|---|--|--|

HACCP Topic: TCS food cooking temperatures

Aug 21, 2018
 Person in Charge (Signature) Date


Paul Wilkin, WFO (E)
Follow-up: Yes No (Check one)
Follow-up Date: _____

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Establishment #: 18 009


| OBSERVATIONS AND CORRECTIVE ACTIONS | |
|--|---|
| Item Number | Violations cited in this report must be corrected within the time frames below. |
| | Please correct any violations noted above ASAP, but at least by next routine inspection |
| | Please go to our website to view/print the Fall/Winter 2017 newsletter |
| | Facility is still classified as a Category I food establishment |
| | At the time of this inspection, this establishment appears to meet the requirements to waive the 3rd inspection |
| | Allergy awareness training certification is required as of July 1, 2018 for all certified food protection managers |
| | Please note that if establishment or group fundraiser is cooking/preparing/serving food outside of kitchen facility (grill, barbeque, steak-fry, cook-out, etc.), a temporary food permit must be applied for & approved by WCHD. |
| | WCHD provides free food safety in-services to establishments & their staff |
| | Next certified food protection manager 8-hour class & exam at WCHD: October 2 & 4, 2018 |
| | Effective January 1, 2015, Food Handler certification is required for all food employees who do not already have CFPM certification. "Food employee" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. Food handler certification is required 30 days from the hire date of food employees and valid for three (3) years from date of issuance. |
| | Ensure compliance with Smoke-Free IL Act - public places and places of employment must be completely smoke-free inside and within 15 feet from entrances, exits, windows that open and ventilation intakes; signage posted at entrances & exits; no vaping or e-cigarette use in food & drink prep area, dishwashing area, and storage area; no smoking within building structure. |
| | Observed fenced-in outdoor customer dining enclosure on north side of building and Frozen Spoon Café (ice cream) food prep area. |
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 Person in Charge (Signature)

Aug 21, 2018

 Date



 Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: _____